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ABSTRACT

This publication describes the Child and Family Resource Program (CFRP), and offers detailed information on specific characteristics of each of the 11 demonstration programs throughout the United States. In the first section background information presents the concept behind CFRP, objectives are outlined and program operation and evaluation are discussed. CFRP is a national Head Start demonstration program. It is a child-centered family service program, designed to provide family support services that are crucial for, and directly related to, the sustained healthy growth and development of children from the prenatal period through age eight. The staff of the Head Start program is the core of CFRP, to which other professionals are added. Each CFRP must have available the full range of services normally provided to Head Start children and their families in addition to the minimum services indicated in the national CFRP guidelines. Part II contains specific project descriptions. Projects in New Haven, Connecticut; Poughkeepsie, New York; Pottsville, Pennsylvania; St. Petersburg, Florida; Jackson, Michigan; Oklahoma City, Oklahoma; Gering, Nebraska; Bismarck, North Dakota; Las Vegas, Nevada; Salem, Oregon; and Modesto, California are described. (Author/SB)

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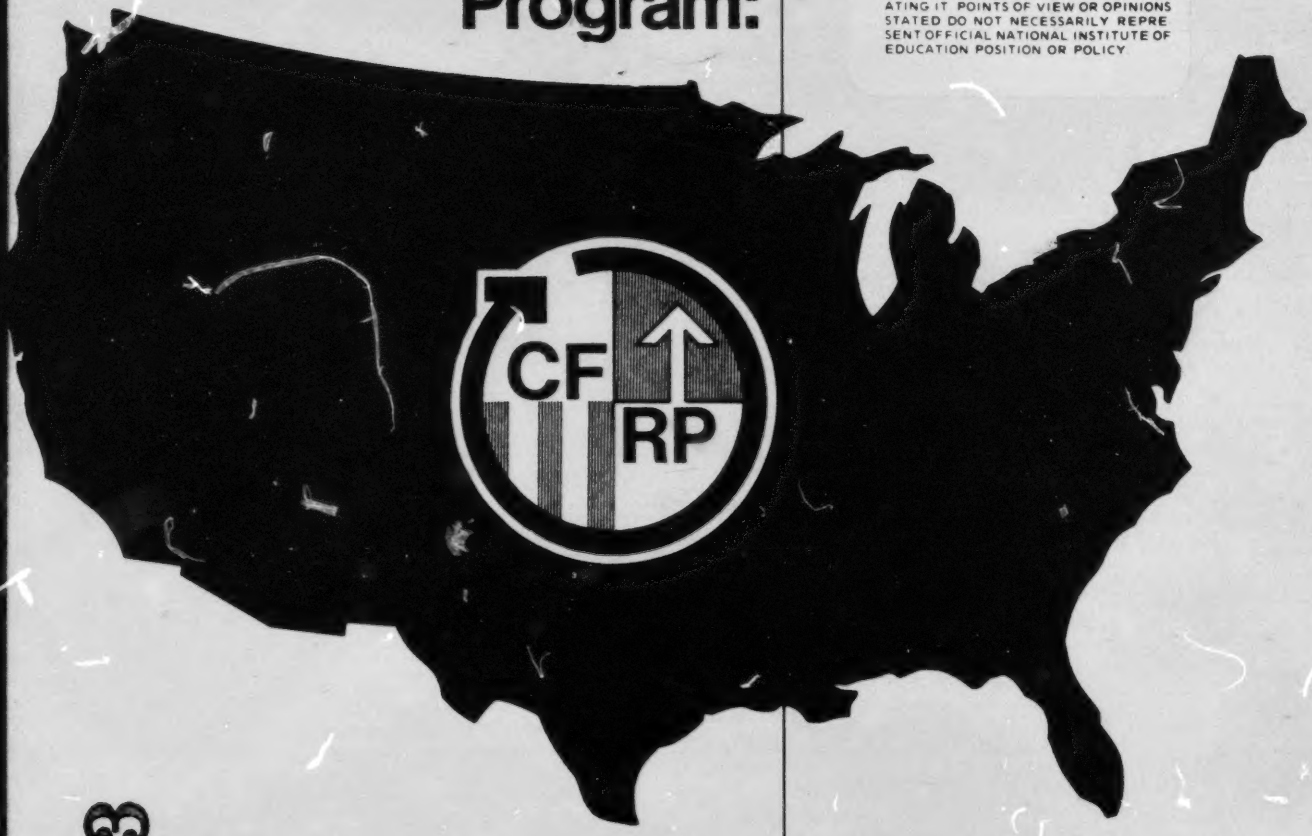

AN OVERVIEW

PS 008678

UNITED STATES DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
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FOREWORD

After nearly two years of operation, the 11 Federally-funded Child and Family Resource Programs are well underway. Because the Child and Family Resource Program (CFRP) is a significant effort on the part of the Office of Child Development to integrate a wide variety and range of service concepts into a family-focused child development program, it has already attracted considerable attention from people interested not only in child development but also family and community development.

The purpose of this publication is two-fold: to introduce and describe the overall Child and Family Resource Program and to provide more detailed information on the specific characteristics of each of the 11 demonstration programs throughout the country.

We are grateful to a number of people for their help in making this Overview possible, but special thanks go to the directors of the 11 programs for providing information on their own operations and to Mrs. Sherry Kapfer for her skillful weaving together, writing, and editing the many pieces that have contributed to this booklet.

Ruth Ann O'Keefe

Ruth Ann O'Keefe, Ed.D.
Director, Child and Family Resource Program
February, 1975

DHEW Publication No.(OHD) 76-31087

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I. INTRODUCTION

The Child and Family Resource Program (CFRP) is a national Head Start demonstration program. It was funded in June, 1973 by the Office of Child Development (OCD), in the Office of Human Development of the U. S. Department of Health, Education, and Welfare and is part of the Head Start Improvement and Innovation effort. The program is a child-centered family service program, designed to provide family support services that are crucial for, and directly related to, the sustained healthy growth and development of children from the prenatal period through age 8.

Normally, Head Start programs enroll 3-5-year-old children of low-income families and provide them with education, parent involvement, health services, and social services. However, a Head Start which is part of the CFRP enrolls families. It then tries to promote child development and meet children's needs by working through the family as a unit. The CFRP provides the same services as Head Start and additional services tailored to the needs of each family.

The CFRP process begins with enrollment of the family, which is followed by an assessment of the needs and strengths of the family unit. On the basis of discussions between CFRP staff, community resource specialists, and family members, the unique goals and needs of each family are assessed, and ways are discussed in which both the family and CFRP staff can contribute to an overall plan for meeting identified needs. The CFRP then assists children and other members of enrolled families in securing those services necessary to foster child and family growth and development.

By using a Head Start program as a base for developing a community-wide service delivery network involving a variety of program activities, as well as by using an individualized needs assessment process for each enrolled family, the CFRP recognizes that not all families have the same needs and that the needs may not all be met the same way. It builds upon the capabilities of existing services being provided by other agencies and makes all relevant community resources available to families as part of an integrated and flexible program, that can evolve as family circumstances change. At the same time, CFRPs are working to reduce fragmentation and gaps in the delivery of services by these existing community programs and agencies.

This booklet describes the 11 Federally-funded OCD Child and Family Resource Programs located in the United States.* National Guidelines for these programs intentionally left a good deal of latitude for recognition of local needs, resources, and characteristics, and diversity within the program, within the overall framework of the national demonstration.

Each CFRP receives approximately $125,000 for a 12-month period and serves at least 80 low-income families. As of November, 1974 there was a total of 1,193 families participating in CFRP, nationwide. These families included 704 children in the prenatal through two age range; 1,304 children aged three through five; and 584 children aged six through eight. Families are included from a variety of locales and different ethnic and cultural backgrounds -- including white, black, urban, rural, small-town, migrant, Spanish-speaking, and native American. About 10 percent of the CFRP families have handicapped children, in accord with Head Start policy.

Many programs are using home visitors to participate in their needs assessment process and assist with service coordination. The Gering, Nebraska CFRP is supplementing home visits and group experiences for children and families with public-service spot broadcasting on local television and radio shows.

Section II (Project Descriptions) details these and other individual activities pursued by local programs and highlights certain innovative features of individual CFRPs.

A. Background

In recent years, OCD has created a number of demonstration programs that have used different approaches to provide child development services to young children and their families. Among these are Parent and Child Centers that serve families with infants and toddlers (0-3); Head Start/Medicaid Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), a program which encourages Head Starts to make maximum use of Medicaid EPSDT programs to provide for required health services provided to Medicaid-eligible children enrolled in local programs; and Home Start, a project using paraprofessional home visitors to help parents develop their parenting skills with their own children at home. Special services for handicapped children are also provided through Head Start

*In addition to the 11 Federally-funded CFRPs, two CFRPs (located in Natchitoches, Louisiana, and Wenatchee, Washington) were funded by OCD Regional Offices for this demonstration period, and a number of other Head Start programs are beginning to develop CFRP-type service networks.

centers. In addition, other programs, both past and present, including maternal and infant care programs, Project Follow Through, Project Developmental Continuity, and neighborhood service centers have influenced the development of the CFRP.

The CFRP concept incorporates selected aspects of each of these projects in addition to offering the full range of Head Start services. The CFRP also builds upon the experience of other research and service projects and links families to services offered by other community agencies, such as day care programs, mental health agencies, university services, family counseling services, and local schools. In many cases, formal agreements have been established with various agencies to exchange programs and services for the mutual benefit of children and families served.

Thus, the CFRP benefits from the pioneering efforts of many other agencies to promote individualized child development services (based on expressed needs and goals of children and families) as well as flexibility and options within programs, and continuity of comprehensive services from the prenatal period through age 8.

Dr. Edward Zigler, former Director of the Office of Child Development and originator of the CFRP national demonstration, described some of the thinking that generated the CFRP concept:*

> There is a formulation as to whether the first few years of life represent some magic period in which a child could be innoculated against any and all negative experiences following the first years of life. Is it that magic? I really don't think so, for the simple reason that every stage, every age, every year in the life of a child...is magic and important.

Thus, the Child and Family Resource Program, in offering to families child development and support services for the prenatal period through age 8, recognizes the importance of all of these different ages and stages in a child's development.

B. Objectives

The CFRP has four major objectives, stated in the national Guidelines:

(1) to individualize and tailor programs and services to children

*Excerpted from a speech given by Dr. Edward Zigler at the December 7, 1972 Education Commission of the States meeting held in Denver, Colorado.

and their families

(2) to link resources in the community so that families may choose from a variety of programs and services while relating primarily to a single resource center for all young children in the same family

(3) to provide continuity of resources available to parents, enabling each family to guide the development of its children from the prenatal period through their early school years

(4) to enhance and build upon the strengths of the individual family as a child-rearing system, with distinct values, culture, and aspirations. The CFRP will attempt to reinforce these strengths, treating each individual as a whole and the family as a unit.

The purpose of the overall demonstration is to develop a number of models or approaches for integrating and coordinating programs that can be adapted by different communities to provide continuity of services to children during the major stages of their early development. It is also anticipated that the demonstration program will result in valuable information and materials on how such a family-oriented child development program works and how it affects both children and their families. Such information and materials, combined with a corps of experienced CFPP staff members, will also be useful in assisting state, local, and other interested programs and agencies in the future with replication of the concept.

In addition to responding to the national objectives, each CFRP has been encouraged to develop specific sub-objectives of its own, and to develop a system which can become a model for its own community.

C. Program Operation

Although programs differ widely as to their resources and ways in which they implement both the four major Head Start components (health, education, parent involvement, and social services) and the required minimum services for CFRPs (see Section D), the key element of the CFRP is continuing assessment of the needs and strengths of children and their families so that these needs and strengths can be fulfilled and complemented by provision of services through community resources.

Using as a core the staff of the Head Start program, each CFRP has a staff of experienced personnel who participate in needs assessment, service delivery, and administration, coordination, and supervision of the program. In addition, many CFR programs have drawn on the Home Start demonstration program's experience and utilize trained home visitors as their direct contacts with enrolled families. Many of the CFRP

staff members are paraprofessionals who come from neighborhoods similar to those of the families with whom they work. However, most CFRPs also utilize a team of professionals such as physicians, psychologists, educators, and social workers to work with parents and children to determine the amount and kind of assistance that they need and want.

The training of CFRP staff members has varied from program to program, but in general it has been practical and has tried to encompass the total CFRP system. Pre-service training usually consisted of 3-4 weeks of activities such as formal and informal staff meetings, workshops, retreats, conferences, discussion groups, laboratory and field experiences, training in the use of media, and regional and state institutes. A national conference was also attended by all CFRPs in August, 1973, for the purpose of providing additional training in the CFRP concept and its implementation from the national viewpoint.

Strong emphasis has been placed on frequent, ongoing in-service training as well (often as frequently as weekly training sessions), to deal with the many complexities involved in the development of a CFRP. The CFRP staff members are also involved in continuous staff training sessions dealing with new or previously unknown community resources as well as new and better ways to provide services. Among others in the spectrum of individuals who have been utilized for CFRP in-service training thus far are educators, pediatricians, psychologists, nutritionists, social workers, speech therapists, psychiatrists, public health nurses, experienced teachers of handicapped children, professors, communications experts, and trained home visitors.

CFRP staff members recognize that the home environment, as defined and provided by the parents, has the greatest impact on the child and that child development centers should therefore attempt to supplement and assist the parents. To do this, CFRP staff members rely on close relationships with parents so that the support services provided will not only benefit the child, but will build on existing strengths and goals of the family and thus foster the development of the family as a unit.

For example, CFRP staff members often:

- assist families to obtain complete medical, dental, and mental health evaluations, screening, diagnosis, and treatment
- discuss the nutritional needs of the entire family and assist families to enroll in food assistance programs, to obtain food stamps, or to utilize commodity foods and school feeding programs
- provide information and arrange for expectant parents to take

classes in prenatal care and care of newborn infants

- provide infant/toddler programs and guidance to help parents promote the total development of children from birth through 3 years of age

- design provision of preschool Head Start services for children 3-5 and their families so that a smooth transition for children from Head Start into kindergarten or first grade is ensured

- arrange for tutoring sessions for school-age children who need assistance

- assist parents and older teenagers in securing information regarding employment opportunities

- inform parents of developmental activities for adults, such as Adult Basic Education courses, parent workshops, community classes, etc.

- assist families in emergency situations to secure needed food, shelter, clothing, transportation, etc.

- work with local school personnel, together with parents, to help solve school-related problems of CFRP children.

The constant challenge to CFRP staff members is to maintain a continuous, up-to-date evaluation of each family's needs and progress in relation to its previously identified goals, so that the changing basic needs of families continue to be met, while at the same time the independence and self-sufficiency of the families is encouraged.

D. Key Elements of CFRP

Although the CFRP concept is a somewhat complex one, involving much more than preschool education and the services generally associated with such programs, certain key features are of paramount importance to the development of a CFR program.

(1) CFRPs serve eligible children aged 0-8 and their parents, and place particular emphasis on serving children aged 0-3 and 5-8, as well as on prenatal care for expectant mothers.

(2) CFRPs provide comprehensive developmental programs based on individualized family needs assessment.

(3) CFRPs train their staff members extensively in overall needs assessment techniques, communications, and record-

keeping as well as other areas normally covered in training for Head Start program staff.

(4) CFRPs provide a multidisciplinary approach to families so that alternatives are open to them and so that the services they receive can be tailored to their expressed needs, and changed as the needs and goals of the families change and grow.

(5) CFRPs place heavy emphasis on utilization of existing community resources and on linking services provided by various agencies so that duplication of services is avoided and gaps in existing services are filled.

1. OCD Required Minimum Services

As indicated in the national CFRP Guidelines, each CFRP must have available the full range of services normally provided to Head Start children and their families, and must include the following required minimum services:

- Comprehensive individual assessment of family and child needs, based on consultation with the family
- Preventive, treatment, and rehabilitative services as required for the individually diagnosed medical, dental, nutritional, and mental health needs of children up to 8 years of age
- Prenatal medical care and educational services for pregnant mothers
- Developmental services for families and children, including
  - -- Programs to assist parents to promote the total (emotional, cognitive, language, and physical) development of infants and toddlers through age 3
  - -- Preschool comprehensive Head Start services for children from 3-5
  - -- Programs designed to ensure smooth transition for children from preschool into the early elementary grades
  - -- Group activities and family development programs for parents

-- Special development programs for children with handicapping conditions

- Family support services, including

  -- Individual and group counseling for children and adults

  -- Referral services for life support needs

  -- Emergency services in crises

  -- Family planning assistance and counseling

  -- Information regarding food assistance programs

All CFRPs are also required to comply fully with Head Start Performance Standards (OCD Issuance N-30-364-1, dated January 1973) for all preschool components. In addition, each CFRP must take into account local ethnic, cultural, and language characteristics in its program design.

2. Additional Services

Many CFRPs also provide additional services to meet locally defined needs or specific needs of families and children identified in the assessment process. Examples of additional services that some CFRPs are providing include:

- Full-day child care (family or center) for children who require it

- After-school recreation/learning centers for children in early elementary school grades

- Family recreation programs and social events to promote the sharing of leisure time by adults and children

- Boy Scout, Girl Scout, and similar programs for school-aged children

- Workshops for adults and older children in the construction and/or renovation of simple equipment, toys, and furniture for the home and/or classroom, large muscle toys, and outdoor play equipment

- Tutoring for children needing help in schoolwork, or for adults who desire additional developmental skills or courses

- Lending libraries of children's toys, books, records, games, etc.

- Cooperatives for the purchase of food, toys, clothing, household blankets and linens, and/or other family needs

- Cooperatives for the sale of products such as crafts, home baking, and/or other items made or produced by participating families.

3. Needs Assessment

Crucial to the success of a CFRP is a comprehensive and continuous needs assessment process. As the project descriptions in Section II point out, each CFRP has devised its own procedure for individual family and child needs assessment.

However, at a joint Home Start/CFRP conference held in St. Louis, Missouri in March, 1974, Dr. Jim Gage (CFRP site visitor and consultant) pointed out that certain features must be included in any good assessment procedure. Dr. Gage noted that the assessment procedure actually can be broken down into a preassessment phase, the initial assessment phase, and a continuous and/or periodic reassessment phase.

According to Dr. Gage, the initial phase of preassessment should include an accurate, complete data collection system on families; ongoing discussion of goals, strengths, and needs with each family; assurance that both CFRP staff members and families understand and are committed to the CFRP concept; an initial, detailed family assessment involving both parents and all children; and contacts with appropriate agencies for necessary referral services.

The actual assessment phase would then entail collection of all pertinent family data; involvement of a comprehensive assessment team (including all CFR program components, outside agencies, and the family); a statement of goals or objectives, jointly agreed upon by family and staff; statements of commitment as to what both CFRP and the family will do; and establishment of a realistic timeframe to implement this commitment.

Dr. Gage emphasized that after the initial plan of action is decided upon, there must also be provisions for referral and follow-up to ascertain the results of implementing the initial plan, and continuous and/or periodic reassessment, including a procedure for ongoing "tracking" of the family.

As part of the assessment process, all CFRPs hold regular staff meetings, both to provide continuing training for staff in needs assessment techniques and to evaluate and re-evaluate the needs of each

family and its children in the program. In addition, ongoing informal discussions are held with family members to assess progress and current needs. The Head Start Policy Council also plays an active and essential part in CFRP needs assessment by ensuring that each CFRP is tailored to the needs of its enrolled families.

More detailed information on the CFRP needs assessment process may be obtained by requesting a copy of the findings of the CFRP needs assessment task force, which met in June, 1974, in Vail, Colorado. (Write Dr. Ann O'Keefe, Director, Child and Family Resource Program, Office of Child Development, Office of Human Development, Department of HEW, P. O. Box 1182, Washington, D. C. 20013.)

4. Using Community Resources

One of the requirements stated in the national CFRP Guidelines is that all CFRPs must tailor their program design to maximize usage of existing community resources and avoid duplication of already existing services. Also implicit in the CFRP concept is that, in instances when needed resources are not available, CFRPs must create new services to fill gaps.

The relationship of CFRP to existing community resources is very important, since CFRP views the family as a unit living in an environment of community resources. In other words, CFRP helps families identify, coordinate, and use these resources to meet their needs. Thus, each CFRP works closely not only with its Head Start program, but also with many community agencies providing day care, health, family counseling, social, and educational services, as well as organizations such as the local school system, libraries, Red Cross, YMCAs and YWCAs, Homemakers' Clubs, Girl Scouts and Boy Scouts, universities, etc. In so doing, CFRP links families and children to existing resources and simultaneously helps resource agencies to coordinate and integrate their services so that they will be as efficient and useful as possible.

The Poughkeepsie, New York CFRP has designed its program so that some CFRP staff are actually based in the offices of resource agencies most of each week rather than in the CFRP/Head Start offices. These staff members serve as a liaison between the program and its families, help families learn about and utilize appropriate resource agencies, and help resource agencies meet family needs. (See Section II for a more detailed description of this system.)

Informing the public is also important, so that the community can be kept up-to-date on CFRP activities. Some programs, like the Gering, Nebraska, CFRP have been able to obtain public service television time, and all CFRPs make an effort to keep the community abreast of services being provided and to identify areas in which needed services are insufficient or are not being provided at all.

E. Evaluation

The national CFRP evaluation is intended to provide information on the Child and Family Resource Program and assist with future program planning in the Office of Child Development in general and in its Head Start effort in particular. The evaluation is the responsibility of Dr. Esther Kresh, OCD Project Officer for Evaluation.

A contract has been awarded through competitive bidding to Development Associates, Inc., 1521 New Hampshire Avenue, N. W., Washington, D. C. 20036, to develop an information system designed to gather basic descriptive statistics about each of the 11 Federally-funded CFRPs. In addition to developing this information system, Development Associates is also performing an analysis of the CFR program process---i.e., how CFRP was planned and how it operates.

In addition, there will be a contract awarded to assess the effects of CFRP on children, families, and communities during the course of the program.

LOCATIONS OF ELEVEN FEDERALLY FUNDED CHILD AND FAMILY RESOURCE PROGRAMS

II. PROJECT DESCRIPTIONS

Project Title: Child and Family Resource Program
10 Peck Street
New Haven,
Connecticut 06513
Phone: (203) 787-0209
Head Start Director: Ms. Grayce Dowdy
Project Coordinator: Ms. Barbara Providence

OCD Regional Office (Region I):
Office of Child Development
Department of Health, Education, and Welfare
JFK Federal Building
Government Center
Boston, Massachusetts 02203
(617) 223-6450

Located in the southwestern portion of Connecticut, the New Haven CFRP serves several "pocket" areas as well as a large subsection of New Haven, bordered on three sides by river or harbor. Known as Fair Haven, this was traditionally a working-class area, dominated by Italian and Irish immigrants; recently, black and Spanish-speaking people have also migrated to Fair Haven. Pockets of low-income families in sections of Eastern Heights and in a low-income housing project located near Wooster Square are also served by the CFRP. These housing project families have always found it difficult to obtain needed services, due to geographic isolation, since the project is surrounded by highways and railroads.

Of the 24,000 people living in Fair Haven, approximately 10 to 12 percent are below the poverty guidelines. Elderly people account for roughly 21 percent of the population, while children comprise an estimated 25 percent. The area ranks high on all major indices of poverty. The ethnic breakdown is approximately 25 percent black, 15 percent Spanish-speaking, and 60 percent white. Among most low-income families in Fair Haven, the problems stem from poor diet, low education levels, substandard housing, overcrowding, and a variety of related causes endemic to families subsisting at or below poverty level.

The family assessment process in the New Haven CFRP is of interest, partially because of its simplicity. It is based on a series of visits by a CFRP staff member to the home of each CFRP family, with each visit focused on obtaining information of an increasingly complex level. Six Family Advocates each make approximately 4-5 home visits to 20 families to perform the initial needs assessment process. They provide a continuing liaison with the families and work toward the gradual buildup of a trusting relationship with each family, while explaining every step of the needs assessment process to the family. Each successive visit determines more about the family and begins to identify needs and formulate a plan to meet the needs.

Home visits are also made in the New Haven CFRP by a Toddler Teacher, who makes half-hour weekly visits to homes having children 2-1/2 to 3-1/2 years old and brings with her a toy or activity designed to teach color, size, shape, texture, etc. The role of the Toddler Teacher is to explain the purpose of the toy to the mother with the child, so that the mother can then work with the child during the week. This part of the CFRP is sponsored by the State of Connecticut, as part of another statewide demonstration program.

The New Haven CFRP also employs a Parent Activity Coordinator to develop and coordinate workshops and activities for parents who have expressed interest in them during the assessment process. This coordinator also works closely with classroom teachers in the five Head Start programs in the area, as well as with three CFRP Toddler Tenders, who provide child care at the centers while parents attend meetings or workshops.

One of the most striking features of the New Haven CFRP is its extensive use of videotaping as a means of making better use of existing community resource agencies. The New Haven CFRP staff visits the participating agency (adult basic education, school, clinic, etc.) and makes a videotape of the process and activities of that agency or program. The tape is then used in the following ways.

(1) The Advisory Committee (comprised of representatives from all agencies in the Fair Haven area) uses it to understand the particular agency's services more fully.

(2) The agency staff involved in delivering the service can see what they look like and use the tape for in-service training, or they can use the tape as a public information tool.

(3) Both CFRP families and others in the community view the tape so that they will be better informed about available community resources.

(4) CFRP staff use the tapes for in-service training.

All agency tapes are kept in the CFRP video library and are available to the community at large.

A service recently initiated by the New Haven CFRP is a parent education program for parents of infants and toddlers ranging in age from newborns through age 2. Two-hour sessions are held weekly at a local apartment by two part-time consultants to the CFRP who work with parents of these babies and young children to help them understand child development processes. The program emphasizes activities that parents can integrate into everyday life at home without special

materials or toys and demonstrates activities geared to the age range of the individual children enrolled. A particular emphasis is placed on serving teen-aged mothers who are still enrolled in school and want to learn about child development.

Project Title: Project REACH: A Child and Family Resource Program
Office of Educational Programs
Dutchess County Committee for Economic Opportunity, Inc.
162 Union Street
Poughkeepsie, New York 12601
Phone: (914) 452-7726
Project Director: Ms. Valerie A. Farnsworth

OCD Regional Office (Region II):
Office of Child Development
Department of Health, Education, and Welfare
Federal Building
26 Federal Plaza
New York, N. Y. 10007
(212) 264-4122

The Poughkeepsie, New York CFRP serves a small urban area in the center of Poughkeepsie (population 32,000) located on the banks of the Hudson River in the Hudson Valley, 75 miles north of New York City and 75 miles south of Albany. Although it has a few large companies and a portion of commuters who work in New York but live in Poughkeepsie, the city suffers in general from a dwindling population (evidenced by a 10,000-person decline in the last 10 years) and a loss of city business to suburban shopping complexes. A shortage of low-income housing, low educational levels and illiteracy, and a lack of training for the unemployed are also problems in Poughkeepsie.

The Poughkeepsie CFRP covers an area of 4 square miles and serves approximately 60 percent black families (many of whom migrated from the southern states) and 40 percent white families. Roughly 70 percent of the CFRP families are single-parent families; thus, lack of adequate day care poses a problem for children whose mothers work on "swing shifts" (particularly in the three large state hospitals and correctional facilities nearby).

Two Head Start centers form the nucleus for the Poughkeepsie CFRP (entitled Project REACH) and Head Start staff in these centers have been trained in the CFRP concept.

In addition to Head Start staff, the Poughkeepsie CFRP has a unique staffing pattern, in that it has also created a position known as Resource Agency Personnel (RAP). Each RAP, who serves as the principal resource person to a group of CFRP families and works at the CFRP

center to ensure coordination of CFRP efforts, also works a few days a week in a community agency, giving direct service from that agency. Presently, RAPs are located in the Astor Child Guidance Clinic and in the Poughkeepsie public school system. Because the RAPs are working within the agency system, they are able to identify immediately any gaps in services and also are able to make the needs of the CFRP families known throughout the entire agency. Thus, the entire agency, not just the RAP, becomes a part of the CFRP network. In addition, one person (the RAP) becomes responsible for coordinating all services provided by community service agencies.

Some experienced mothers have also become part of the Poughkeepsie CFRP staff to provide ongoing assistance to other enrolled families. These "Family Resource Assistants" work especially with parents of children aged 0-3, although they also occasionally coordinate plans for other age groups.

Like all CFRPs, Poughkeepsie has identified and is using literally dozens of existing local community resources to help parents maintain and support the development of their own children. However, a special feature in Poughkeepsie is the conduct of short-term mini-programs, sponsored by various agencies at the request of the CFRP, to help parents solve identified problems and needs. For example, the Astor Child Guidance Clinic has conducted separate series of sessions for parents on (1) family communication, (2) child management, and (3) foster parent counseling; and a nutrition agency (ENEP) has offered a short-term course in family nutrition. These mini-programs are varied and change frequently, to accommodate emerging needs expressed by families.

To assist families with health, safety, and nutrition needs, the Poughkeepsie CFRP has employed a full-time nurse to link families to health agencies in the community and to assist with family crisis situations.

As one Poughkeepsie CFRP staff member puts it, "The only way to help parents become effective participants in the development of their own children is to focus on the total family unit. Each staff member recognizes that it is important to have services for the family, but more important is the necessity of integrating these services with whatever else is happening within that family unit."

Project Title: Child and Family Resource Program
Schuylkill County Child Development Program
101 South Centre Street
Pottsville, Pennsylvania 17901
Phone: (717) 622-4411
Project Director: Ms. Geraldine Holohan

OCD Regional Office (Region III):
Office of Child Development
Department of Health, Education, and Welfare
Gateway Building
3521 Market Street
Box 13716
Philadelphia, Pennsylvania 19108
(215) 597-6761

The Pottsville, Pennsylvania CFRP serves a semi-rural area in Schuylkill County, Pennsylvania in the heart of the anthracite coal region. Characterized by limited agriculture and a minimal amount of industry, Schuylkill County residents have an additional employment problem because anthracite mining, once the major source of income, is now at an all-time low. Schuylkill County has approximately 14 percent of its residents with incomes below poverty-level, and roughly one-half of those unemployed are classified as possessing employment potential.

Since the major source of income in the county is the textile industries, which are composed largely of female employees, a large part of the CFRP effort in Pottsville has involved provision of child development services for working mothers. A full-day, full-year infant/toddler program provides child development services for 0-3-year-olds, and a full-day, full-year program is also provided on a sliding-scale fee basis for mothers who are employed or have incomes above the poverty level. Head Start, Title IV-A day care programs serving 0-16-year-olds, Appalachian Regional Commission day care programs, and a handicapped children's program which operates in conjunction with the county United Cerebral Palsy program are among the other services included in the child development field in Schuylkill County.

One of the strongest emphases of the Pottsville CFRP to date has been on the health component, which serves all age groups but particularly pregnant teenagers. The CFRP medical component staff provides these teenagers with complete prenatal and postpartum instruction, advises them of resources for counseling (if needed), and provides infant care instruction. Following delivery, the new mothers receive home visits from the medical staff and may enroll their infants in the infant/toddler program so that they can continue their education. New mothers have also been able to secure release time from school for curriculum credit so that they can participate in caring for their infants.

Another area which receives a great deal of attention is the CFRP vocational component, which works with the education department in training and educating parents who have expressed an interest in or need for added skills. Thus far, CFRP parents have received training in fields such as Licensed Practical Nursing, knitting, crocheting, embroidery, making ceramics, cosmetology, plumbing, and auto mechanics.

As in other CFRPs, individual needs assessment plays a major role in the Pottsville CFRP. In Pottsville, a task force consisting of the directors of 20 resource agencies and over 20 parents and community representatives serves as a clearinghouse to avoid duplication of agency effort. From the task force, two mini-assessment teams have been formed to assess the expressed needs of enrolled families. The Pottsville CFRP staff note that families are receiving more intensive and more personalized service from their community agencies, and agencies are accomplishing more as a result of this system.

Project Title: Pinellas County Head Start and Child and Family Resource Program
1344 22nd Street So.
St. Petersburg, Florida 33712
Phone: (813) 821-4627
Head Start Director: Mr. William S. Fillmore, Jr.
CFRP Coordinator: Mr. George Farrow

OCD Regional Office (Region IV):
Office of Child Development
Department of Health, Education, and Welfare
Peachtree-Seventh Building
50 7th St., N. E., Room 359
Atlanta, Georgia 30323
(404) 526-4996

Located in an urban area midway along the west coast of Florida, the St. Petersburg CFRP serves an area of four square miles on the south side of the city. Although several large companies have facilities in St. Petersburg, there is not much heavy industry, and tourism is the main source of income. The CFRP serves an area populated by both black and white families, with black families in the majority.

There are approximately 8,000 people living in low-income housing projects, HUD 235 homes, and multiple dwellings in this area. Roughly 13 percent of the population have incomes at or below the poverty level, and of these, 3 percent or 5,080 families receive Aid to Families with Dependent Children (AFDC). Due to the temperate climate and low cost of living, senior citizens comprise a significant portion of the population and face many problems common to the elderly age group.

Because the St. Petersburg CFRP is located in the area it serves and other service agencies are also nearby, the problem of coordinating resources is minimized. The CFRP has been able to arrange for complete medical and dental screenings for all CFRP family members at no cost

to the program through the local health department. Medical follow-up examinations are also provided for children and adults on a free or low-cost basis.

As in several other CFRPs, home visitors are trained to identify and assess the educational needs of CFRP children, and work with mothers so that they in turn can interact with their children in developing social, educational, and other skills.

One of the more unusual features of the St. Petersburg CFRP is its provision of day care services, through "Project Playpen" homes. Project Playpen enrolls children from newborn up to age 3 in 42 licensed day care homes serving approximately 145 children. A CFRP family can thus take a newborn child to Project Playpen, where he or she can stay until the age of three. Then, the youngster can enter Head Start and remain in Head Start until he or she is ready for public school. Thus, the Project Playpen concept enhances continuity of educational experiences for a child from birth to age 5 or 6.

Some of the additional services that the St. Petersburg CFRP coordinates with other agencies include:

(1) A tutoring program for school-age CFRP children

(2) Family counseling services (both individual and group)

(3) Diagnostic services for children and their families, utilizing specialists in psychiatry, psychology, psychiatric social work, learning disabilities, etc.

(4) An enrichment program, based on expressed needs of CFRP families, including family outings, picnics, field trips, and other recreational activities

(5) Parent study groups focusing on how to cope with family problems such as child-rearing, budgeting, sex education, etc.

(6) Planned parenthood and prenatal services, offered through the local health department

Like other CFRPs, the St. Petersburg program is constantly enrolling new families and, as a result, is continually attempting to meet changing and new needs and problems. In the words of the staff, "We are attempting, through CFRP, to lay the groundwork for coordinating the delivery of services to the poor. And we are dedicated, as a staff, to providing our families with skills and knowledge necessary to become independent."

Project Title: Jackson-Hillsdale Child and Family Resource Program
401 South Mechanic Street
P. O. Drawer 1107
Jackson, Michigan 49204
Phone: (517) 784-6155
Project Director: Ms. Sally Schwyn

OCD Regional Office (Region V):
Office of Child Development
Department of Health, Education, and Welfare
300 South Wacker Drive
Chicago, Illinois 60606
(312) 353-1781

The Jackson-Hillsdale, Michigan CFRP serves the predominantly rural southern Michigan counties of Jackson and Hillsdale, whose combined population totals 180,445. The largest city in this area is Jackson, with a population of approximately 45,000, which is the main area served by the CFRP. Approximately 6.6 percent of the families in Jackson County make incomes below the poverty level, while 9.0 percent of Hillsdale County's families are below poverty level. The CFRP serves mainly young blacks and whites who have fairly large families and live in densely populated neighborhoods.

Although there are some small industries in Jackson, the chief source of employment is agriculture, and job training (with support services such as day care and transportation) is at a minimum. Lack of public transportation poses a problem both in rural areas and in Jackson itself, and some areas in the city receive no service at all or only receive transportation at certain hours. The most critical need of the CFRP families, however, is housing; very little low-income housing is available, especially for families with young children.

The Jackson-Hillsdale CFRP is utilizing a system designed by its Commission on Economic Opportunity based on four basic service modules which help families find services most tailored to their expressed needs in the areas of (1) health and nutrition, (2) education and training, (3) manpower, and (4) community development. Through the use of referral forms and client feedback, the service unit coordinators are able to document areas where there are gaps in services or where services overlap. The service coordinators can then use this information in their work with local resource agencies and planning groups.

The Jackson-Hillsdale CFRP uses a "task-centered" approach to meeting family needs in that CFRP families meet with a Family Development Planner to discuss their strengths, needs, and goals. In addition to assisting families determine goals and set priorities (using available information from intake forms, family profiles, etc., as well as from discussions with family members), the Family Development Planner also determines the relative need for referrals to the appropriate service coordinator and monitors the follow-up activities. Although a reassessment of families and re-setting of goals is scheduled every six

months, the CFRP also often assists families in reassessing their situations more frequently, as needed.

Jackson-Hillsdale employs four family visitors who make biweekly visits to CFRP families, act as a liaison between the CFRP center and the families, inform families of new resources or programs, and perform follow-up and advocacy activities for these families. The family visitors also provide consumer information and take educational and developmental materials and health and nutritional information into the homes for parents to use in working with their children.

Since the Jackson-Hillsdale Head Start offers four program options (Head Start classrooms, neighborhood homes serving small clusters of children, home visits, or Head Start day care), CFRP families work closely with the Early Childhood Education Coordinator in deciding which option would best serve the needs of their Head Start-age children.

The Jackson-Hillsdale CFRP has initiated a developmental program for children aged 0-2-1/2 based on the research of Dr. Burton White and the Brookline Early Education Project.* As other CFRPs do, Jackson-Hillsdale is also developing a preschool-school linkage program to provide both continuity from Head Start to school and support to school-age children in areas of diagnosed needs.

CFRP staff and parents are also provided numerous opportunities for participation in training and continuing education. Through a series of weekly workshops (planned by Community Action Agency staff), the CFRP staff and parents can receive academic credits through Michigan State University, Jackson Community College, or the Adult High School of the Jackson Public Schools.

Because the Jackson-Hillsdale CFRP staff believes that it is important not only to evaluate family progress toward stated goals but also to assess the program's progress toward its goals, regularly scheduled CFRP evaluation sessions are held to assess ongoing program effectiveness.

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* For more information on the Brookline Early Education Project, write Dr. Donald Pierson, Director, Brookline Early Education Project, 40 Centre Street, Brookline, Massachusetts 02146.

Project Title: Child and Family Resource Program
331 West Main--5th Floor
Oklahoma City, Oklahoma 73102
Phone: (405) 272-9311
Project Director: Ms. Charlotte Harrison

OCD Regional Office (Region VI):
Office of Child Development
Department of Health, Education, and Welfare
1507 Pacific, Room 910
Dallas, Texas 75201
(214) 749-2491

The Oklahoma City Child and Family Resource Program serves a semi-rural area east of the city known as the Oklahoma City-County area. Stark contrasts are evident in that, often no more than a mile apart, one can see rich farm land adjoined by small thickets of scrub oak covering the gently rolling hills, and herds of fine horses and cattle pastured next to a solitary goat tied to a porch. The area provides homes for an estimated 42,000 people, at least 5,500 of whom are in the low-income bracket. Most of the residents of the specific area served by the CFRP are black.

Despite the geographic proximity of the state capitol and resource agencies, Oklahoma City-County residents have experienced problems with under-financed public school systems, poor roads, and lack of law enforcement, fire protection, health care, and library facilities. Although conditions have changed somewhat over the years, there are still low educational levels and low income levels as well as a good deal of unemployment in the area served by the CFRP.

The Oklahoma City CFRP resembles other CFRPs in that it has mobilized a number of community resources to assist enrolled families and has even created some new programs where gaps existed in service provision. Specifically, the Oklahoma City CFRP has formed a consortium, in conjunction with six other local and state agencies, to provide staff and parent training for families with infants and toddlers in early child development programs. The CFRP has also initiated use of a mobile child development center (known as the "Sunshine Express") for infants, toddlers, and their families. This mobile van travels to the home of each CFRP family that has children aged 0-3. CFRP staffers accompanying the van provide parents with ideas for new educational activities for their children, as well as lending toys and books to CFRP families from the van.

Another strong feature of the Oklahoma City CFRP is its health component. The Mary Mahoney Memorial Health Center provides a variety of health screening and follow-up services to CFRP families; the Oklahoma City Psychological and Educational Center provides speech and language development screening and follow-up examinations for CFRP children; and the Family Counseling and Child Development Center provides group programs for parents, special services for children with

special needs, family and group counseling and staff training.

As the diagram on page 24 indicates, the Oklahoma City CFRP supports enrolled families through an assessment-action-follow-up process similar to that utilized by other CFRPs. In Oklahoma City, four Family Advocates are responsible for acting as liaisons with CFRP families, assisting them in assessing their needs and goals, and referring them to resource agencies for specific needs.

The CFRP staff hopes that this CFRP will not only serve as a model for the overall community service network, but will also have an impact on the entire state, since many of the Oklahoma City-County area needs and goals reflect statewide conditions.

Project Title: Child and Family Resource Program
1840 7th Street
Gering, Nebraska
69341
Phone: (308) 436-5076
Project Director: Ms. Joan Cromer

OCD Regional Office (Region VII):
Office of Child Development
Department of Health, Education, and Welfare
Federal Office Building
601 12th Street
Kansas City, Missouri 64106
(816) 842-8730

Located in the extreme western section of Nebraska, the Gering, Nebraska CFRP serves an area which is almost totally dependent on agriculture for its income, chiefly in the form of bean, beet, corn, and alfalfa crops. Scotts Bluff County, with a population of 35,000, has been the primary target area for CFRP to date, and includes numerous Mexican/American migrant farm laborers as well as Indians and whites. Recently, many migrants have become permanent residents and are trying to live on wages from seasonal work. This has led to regular periods of unemployment when the need for support from resource agencies has become even more pronounced.

In keeping with the variety of ethnic groups the program serves, CFRP staff members have been matched with families of the same ethnic groups to maximize culturally relevant understanding of family goals, needs, and problems.

Like other CFRPs, the Gering program has utilized home visitors as part of its needs assessment and resource referral service. The six home visitors in the Gering CFRP, together with coordinators for resources, health, nutrition, education, and social services, have assisted families in the areas of housing, health, social services, parenting skills, child development, employment opportunities, and use of community resources.

One of the strongest features of the Gering CFRP has been its

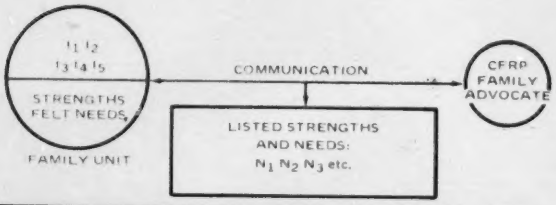
DEVISED BY
OKLAHOMA CITY CFRP
APRIL, 1974

CFRP FAMILY UNIT ASSESSMENT SYSTEM

STAGE I: PRE-ENROLLMENT

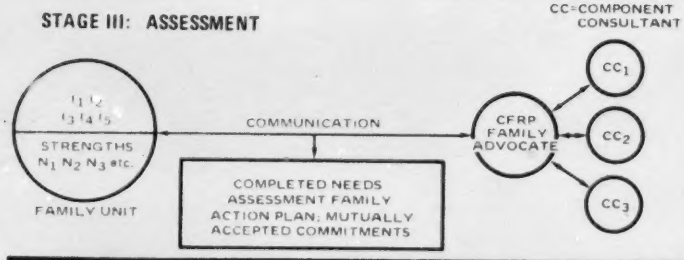
The typical Family Unit has many strengths, some of which may not be apparent. It also has many needs, not all of which are perceived by individuals as Family Unit needs.

STAGE II: CFRP ENROLLMENT and DATA COLLECTION



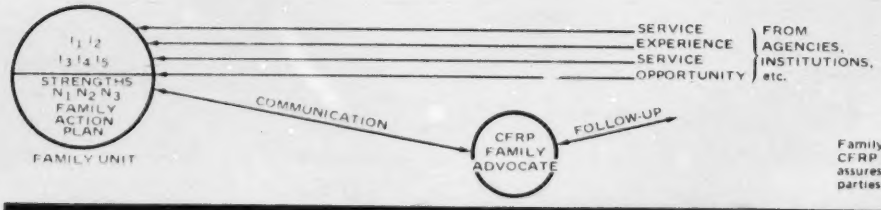
As a team, the CFRP Family Advocate and the Family Unit compile information on the current status of the Family Unit.

STAGE III: ASSESSMENT



CFRP Family Advocate meets with professionals in various disciplines to obtain action options for listed needs, in light of listed strengths. Professional evaluations (as in Health) may be conducted. Family Advocate communicates options to Family Unit. Family Unit and Family Advocate agree on Family Action Plan. Mutual commitments of Family Unit and CFRP are defined.

STAGE IV: FAMILY ACTION



Family Unit acts on Family Action Plan. CFRP provides necessary support and assures follow-up by direct contact with parties meeting needs.

STAGE V: CONTINUING ENROLLMENT

Some needs have been met. Developing Family Unit strengths makes meeting of remaining needs easier and reduces Family Unit's contact with CFRP staff.

utilization of the media to publicize both CFRP activities and community resources. In addition to developing both a general resource manual and a medical resource manual for all area resource personnel, CFRP staff have used many forms of media to inform the public of available resources. An average of three news releases per week are sent regularly to seven area newspapers, two television stations, and five radio stations. In addition, the CFRP resource coordinator moderates a weekly 10-minute TV interview and arranges for an average of three radio interviews per week with local resource personnel. Staff members have also assisted with development of a sound/slide program and make presentations on an average of once every two weeks to area groups interested in CFRP.

To assist parents with providing educational experiences for their children throughout the summer months, the Gering CFRP operates two mobile toy lending libraries. These help provide children without toys the experience of having them and the responsibility of taking care of them and learning from them, and they also assist parents by providing them with educational aids that they can use with their children. Throughout the rest of the year, the toys are used by Head Start classroom teachers and CFRP home visitors.

The Gering CFRP has also established a working relationship with the public school system. CFRP staff hold conferences with personnel from all schools attended by children of CFRP families and arrange meetings with school personnel to initiate tutoring sessions and assist with absenteeism and learning problems of school-age CFRP children.

Every attempt is made to assist all ethnic groups in the area. CFRP efforts to date have included assistance in organizing medical meetings designed to explore possible solutions to poor health services for Indian people and participation in cultural awareness workshops presented to help local and resource agency personnel understand the cultural background of Indians and Mexican/Americans.

Project Title: Child and Family Resource Program
Bismarck Public School District No. 1
400 Avenue E
Bismarck, North Dakota 58501
Phone: (701) 255-4067
Project Director: Mr. Roger Schultz

OCD Regional Office (Region VIII):
Office of Child Development
Department of Health, Education, and Welfare
19th and Stout Streets
Denver, Colorado 80202
(303) 837-3107

Located in the south-central part of North Dakota along the Missouri River, the Bismarck CFRP serves an area encompassing almost 14,000 square miles. The city of Bismarck, with a population of approximately 40,000, is the fastest growing city in the state and provides a small urban "oasis" in the midst of largely rural farm country. The average income of families served by the Bismarck CFRP is less than one-third of the average income of families living in Bismarck. Thus, despite the fertile soil, poverty has made its mark here, too, particularly on the low-income white families who reside in outlying areas.

As in many rural locations, families living in the area surrounding Bismarck have found it very difficult to obtain needed services. Therefore, one of the first steps the Bismarck CFRP took was to purchase a mini-bus known as the Bismarck Early Childhood Education Program (BECEP) Mobile Child and Family Resource Center. Using this bus, the Bismarck CFRP is currently transporting children from outlying areas to BECEP center-based programs and will be making staff, services, and resource materials available in areas where existing services are inadequate to meet family needs. The CFRP is developing a linkage system with other rural outreach services and agencies so that resources can be pooled in order to maximize use of existing services. In addition, an Outreach Manual is being prepared by CFRP staff.

The Bismarck CFRP has an unusual administrative arrangement, in that it is one of several early childhood programs administered under the Bismarck Early Childhood Education Program's umbrella. Other programs include the Head Start program, day care services, and a program for multi-handicapped children aged 0-8. The Bismarck staff feel that this structure is a strong point because all programs are under a single administration, which allows more funds to be spent for services to children. As a result of this administrative arrangement, too, a sizeable number of CFRP families with handicapped children are receiving services (made possible under a grant from the U. S. Office of Education's Bureau of Education for the Handicapped) such as speech therapy, services for children with learning disabilities and emotional problems, and physical therapy.

In addition to sharing physical facilities with the Bismarck public school system, the CFRP staff also maintains close contact with school system personnel. Many CFRP mental health services are provided through the public schools; a speech and language specialist in the school system works with the CFRP speech therapist; and a school physical education specialist assists CFRP families with handicapped children.

One interesting feature of the Bismarck CFRP is its expansion of the toy lending library idea into a full-fledged "Lending Closet" for CFRP families and the community. In addition to toys, the Lending Closet also provides:

(1) Emergency food, clothing, and other household needs

(2) A parent-child library including books and pamphlets for children and families

(3) A professional library for community agencies that work with children and the total family unit

(4) An audio-visual equipment and materials library

(5) A replication and demonstration library for exchange of information regarding materials, services, speakers' groups, etc.

(6) A training resource center for CFRP and other community agencies and programs to share expertise in areas such as early childhood education, parent-family education, and public school education

(7) A materials reproduction center for child development programs in Region VIII

(8) A control center for the mobile CFRP unit

(9) An inventory and control center for BECEP supplies and equipment

Project Title: Child and Family Resource Program
Economic Opportunity Board of Clark County
900 W. Owens Avenue
Las Vegas, Nevada 89106
Phone: (702) 648-3280
Project Director: Ms. Jean S. Dunn

OCD Regional Office (Region IX):
Office of Child Development
Department of Health, Education, and Welfare
Federal Office Building
50 Fulton Street
San Francisco, California 94102
(415) 556-0923

The Las Vegas CFRP covers an area including both parts of urban Las Vegas and rural areas in Clark County, Nevada. Located in a valley in the desert, surrounded by mountains, Las Vegas is well-known for its tourist attractions. However, aside from tourism and government (in the form of Nellis Air Force Base and the Nevada Test Site), there is little industry and thus a dearth of employment in the area.

Approximately 350,000 people, including whites, blacks, Latin Americans, and American Indians, live in Clark County. The Las Vegas CFRP serves low-income families living in "pockets" of poverty in the city itself as well as outside the city. The majority of CFRP families are black, but the program also serves whites, Latin Americans, and American Indians. Single-parent homes predominate, and many CFRP mothers face problems, such as lack of skills, low educational levels, and lack of job training. Those who are able to find jobs in hotel industries complain that many higher-paying jobs in the hotels are not open to women and they find that day care is either unavailable or tremendously expensive.

The Las Vegas CFRP is in the process of trying to help solve some of these problems, and has an abundance of community resource agencies that are included in the CFRP network. Over 39 agencies (such as the Salvation Army, Catholic Welfare, Easter Seal Program, Alcoholism Center, Infant and Maternal Program, Drug Program, etc.) have committed themselves to assist CFRP families in meeting their stated goals.

In Las Vegas, the CFRP needs assessment process involves two assessment teams. The first is a team appointed to help each family; team members change as family goals are met and new goals emerge. This team usually includes the CFRP/Head Start specialists in education, health and nutrition, and social services, as well as the CFRP home visitor and the family involved. The second team meets on a quarterly basis and includes parents, representatives from other organizations and community agencies, and CFRP/Head Start staff. At these meetings, gaps in existing services are discussed and other services are explained. Each year the final meeting of the quarterly needs assessment team is held in the form of a large, local conference, so that representatives of public and private community agencies can meet with parents who

receive these services to evaluate past and current services, discuss future plans, and set priorities for new services.

The CFRP has also initiated a parent/child program for children aged 0-3 and their parents, whereby parents participate in center workshops with their children one week and receive a follow-up home visit by one of the six trained CFRP home visitors on alternating weeks. At the workshops, parents receive information from CFRP staff on health, nutrition, early childhood development, prenatal care, family planning, social services, and family counseling and are also able to participate in activities such as using flannel boards, making puppets, and using educational toys with their children, assisted by the educational specialist and home visitor. On follow-up home visits, parents are trained in areas such as how to read to their children, how to assist their children to read for themselves, and how to reinforce learning experiences (related to areas such as colors, sizes, and shapes) at home throughout the day.

One activity growing in popularity with CFRP parents is the parent cooperative. Because many CFRP parents (particularly mothers) are unemployed, they have established a cooperative to make products in their homes and sell them in local outlets, such as city department stores. Although many cooperative members already possess skills in crocheting shawls and dolls, designing paper flowers, and making decoupage and string designs, training for unskilled parents is also being provided both by other parents and by members of the Las Vegas Recreation Department.

To assist teenagers and adults with improving their skill levels and passing the GED exam, the CFRP also provides an Adult Education Learning Laboratory, where reading, English grammar, mathematics, and English As A Second Language are taught.

Project Title: Child and Family Resource Program
Mid Willamette Valley Community Action Agency
1515 State Street
Salem, Oregon 97301
Phone: (503) 581-1152
Project Director: Ms. Judy Cooper

OCD Regional Office (Region X):
Office of Child Development
Department of Health, Education, and Welfare
1321 2nd Avenue, Room 6032
Seattle, Washington 98101
(206) 442-0482

This urban CFRP is located in Salem, Oregon (population 70,000) which is part of the fertile Willamette Valley of western Oregon noted for its moderate climate, beautiful mountains and beaches, and numerous recreational opportunities. The predominantly white residents of the area generally find employment in state government (since Salem is the

state capitol) or agriculture (due to the rich farmland). Despite these two large industries, however, there are a sizeable number of low-income families in Salem, faced with problems of unemployment or only seasonal employment (based on food harvesting and processing industries), lack of low-cost health facilities, low educational levels, and single-parent homes.

In the Salem CFRP, families, CFRP staff, and community professionals usually meet semi-annually for family assessment and planning purposes, although families may request additional meetings as necessary. Agreements detailing plans and commitments made at these meetings are signed by both CFRP staff and family members, as an indication of commitment on both parts to carry out proposed plans. Evaluation of services received is a part of all meetings after the initial one, so that CFRP staff can continually be aware of strengths and weaknesses in the CFRP resource network, as well as family reactions to services provided.

Professional "Family Advocates" serve as the key service coordinators for CFRP families in Salem. Each Family Advocate assumes responsibility for 16-20 families, and performs duties such as planning CFRP activities, coordinating and advocating for resources for CFRP families, home-teaching parents in areas related to child development, providing crisis intervention and supportive counseling, assisting preschool children in making the transition to public schools, and using assessment and evaluative techniques. The overall goal of these activities is to encourage families to grow toward their full potential in accepting responsibilities.

The Salem Head Start program, in which CFRP children are enrolled, is a variations-in-center-attendance option program which includes both center- and home-based components. Based on their developmental needs, children receive from 1 to 4 half-days in a Head Start classroom and periodic home teaching visits. These home teaching visits are parent-oriented and include workshops at which parents learn how to make their own instructional materials.

As a response to identified needs, the Salem CFRP also provides some "therapeutic" groups for parents and children. The parent groups, led by trained staff and resource agency personnel, address topics such as meeting individual emotional needs, developing communications skills, improving inter-personal relationships, etc. Children's groups, led by a trained therapist with staff assistance, are play-oriented with the goal of establishing good relationships with peers and adults and "internalizing" self-control.

The Salem Child Care Center, located in the CFRP/Head Start building, provides (1) "drop-in" care for CFRP children whose parents are involved in program or community activities, (2) an emergency relief center for child-abusing parents, and (3) an opportunity for Head Start

volunteers to trade in volunteer coupons for free child care.

A variety of parent activities are also underway in the Salem CFRP, including a Men's Club, GED (high school equivalency) classes, a survey course on community counseling resources, a self-defense class, and a group for compulsive talkers.

As one CFRP staffer expressed it, "The Salem CFRP sees itself as part of the community system, and as the focal point for the families it serves. But the 'system' is really people, and we have found that relating on a 'people level' to all parts of the system is our most effective tool for producing change and individualization of services."

Project Title: Stanislaus County Department of Education
Child and Family Resource Program
801 County Center III Court
Modesto, California 95355
Phone: (209) 526-6217
Project Director: Mr. Lee Brooks
CFRP Coordinator: Mr. Hal DeArmond

OCD Regional Office (IMPD):
Office of Child Development
Department of Health, Education, and Welfare
Indian and Migrant Program Division
P. O. Box 1182
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This CFRP is a rural, migrant program, whose families depend totally on incomes from harvesting crops. Modesto, with a population of approximately 80,000, is the largest city in this predominantly rural county, which ranks sixth in the U. S. in crop production. Although over 14,000 farm workers can be found there during the peak harvest season, the number of permanent farm workers is estimated to be roughly 6,700.

Ethnic minorities comprise about 20 percent of the county's population, about 16 percent of whom are Spanish-speaking. Unemployment fluctuates with the season from 8 to 16 percent and is usually more than twice the national average. Over 25 percent of Stanislaus County residents received welfare cash grants in late 1973.

The CFR program is located at the Westley Farm Center, a rural agricultural town whose only industry is seasonal crops. Approximately 94 percent of its families with school children have Spanish surnames. The CFRP serves only seasonal and migrant farm workers and their children, many of whom live in a camp in the center of town where "flash peak" housing is available.

In addition to a high rate of unemployment, migrant families generally face problems such as inadequate and expensive housing, lack of health insurance and sick leave, low wages, inadequate day care programs, and societal isolation.

The CFRP is attempting to cope with these and other problems faced by its families and their children. One of the program's strongest components is its provision of programs for children ranging in age from infants to 12 years of age. In recognition of the long working hours that migrant farm workers must spend in the fields, the CFRP operates a center for infants (aged 6 weeks to 2 years) which provides child care services. In addition, a comprehensive child development day care program is available for toddlers and preschoolers, from 3 to 7 months per year, 8-12 hours per day. This program includes classroom instruction; medical, dental, and mental health services; social services; parent programs; and staff development programs. Older school-age children also have an opportunity to participate in a variety of after-school recreation programs.

The Modesto CFRP also pays special attention to the area of preschool/school linkages. Since all preschool children enrolled in the CFRP attend one elementary school (which has an early childhood program), the CFRP has been able to build on this base in cementing good relations with the public school system. Close working relationships have also been established with a variety of community resource agencies, including public health, rural migrant health, and human service agencies as well as farmworker groups such as the Farm Bureau and Growers Harvesting Committee.

As in other CFRPs, parents are playing an active role in the program and have made several presentations about program activities at both local and regional meetings.

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